APPLICATION FOR RENEWAL OF CERTIFICATION OF THE FERTILITY*CARE* PRACTITIONER

REV 12-14
Kauffeld

Your Application Reviewer is here to help!
Please see page 8 of this application for instructions on obtaining the name of your Application Reviewer.

If you have questions while you are filling out your application, please email your Application Reviewer for assistance.

We will be pleased to help you.

American Academy of FertilityCare Professionals

Application for Renewal of Certification for the Fertility*Care* Practitioner

UNLESS OTHERWISE SPECIFIED, ALL REQUESTED INFORMATION APPLIES TO CREIGHTON MODEL.

APPLICANT:

NAME:_____

HOME ADDRESS:_____

(Street) (City) (State) (Zip) (Country)

HOME PHONE: (_____)_____FAX:_(_____)_____

EMAIL:_____

I. NAME OF YOUR SERVICE DELIVERY PROGRAM:

NAME:_____

ADDRESS:_____

(Street) (City) (State) (Zip)

PHONE: (_____)_____FAX:_____

SERVICE DELIVERY PROGRAM SUPERVISOR'S NAME (IF APPLICABLE):_____

(NOT EDUCATION PROGRAM SUPERVISOR)

Please submit a copy of your current AAFCP certification or letter verifying when certification was achieved through the Academy. (Standard 2.0)

II. CODE OF ETHICS: (Standard 1.0)

I have read and agree to accept and adhere to the Code of Ethics of the American Academy of Fertility*Care* Professionals. (Standard 1.2.1)

_____ _____

(Date) (Signature)

III. FIELD SERVICE - TEACHING: (Standards 4.0 - 9.0)

A. Are you currently teaching Fertility*Care*™? Yes: ___ No: ___

1. Dates of active teaching since date of most recent Academy certification as a practitioner:

From _____ To _____
mo/yr. mo/yr.

2. If teaching has not been continuous, please list intervals when not teaching:

From _____ To _____
mo/yr. mo/yr.

From _____ To _____
mo/yr. mo/yr.

B. Do you understand that renewal of certification will be only for Creighton Model Fertility*Care*?

Yes: _____ No: _____

C. List all other models of NFP that you teach and the percentage of clients taught in that model:

MODEL	PERCENTAGE OF CLIENTS

(ITEMS BEYOND THIS POINT REFER ONLY TO CREIGHTON MODEL.)

D. Please complete the enclosed Case List for minimum of 3 new clients and no more than 10 new clients entering your program in the last 2 years: (ATTACHMENT #1).
These 3 clients must have had a combined minimum total of 10 follow ups.
(Standard 6.2.2)

E. Number of new clients instructed in the past 2 years (Introductory Session and at least one Follow-up) Minimum of 3 required and no more than 10, please:

_____

F. Number of Follow-ups conducted in the past 2 years (minimum of 10 required):

_____

G. Number of Introductory Sessions conducted in the past 2 years (minimum of 2 required): (Standard 7.0)

_____

III. FIELD SERVICE - TEACHING: (Continued)

H. Pregnancy Information (for those clients **entering program** in last 2 years): (Standard 9.0)

1. Number of pregnancies in case load within the last 2 years:

_____

Number of pregnancy evaluations completed in the last 2 years:

_____

2. Numbers of Pregnancy Evaluations completed:

In Person_____ By Correspondence_____By Telephone _____

3. List the number of pregnancies in each classification:

I_____ IIA_____ IIB_____ IIC_____ IID_____ III_____

4. Were second pregnancy evaluations done for all class IIA or III pregnancies?

Yes: _____ No:_____

5. List second pregnancy classifications for all class IIA or III Pregnancy Evaluations:

I_____ IIA_____ IIB_____ IIC_____ IID_____ III

IV. TEACHING CREDITS: (Standard 3.0)

Ten credits are required.

At least three must be obtained by teaching 3 new clients in the past two years.

I have obtained 10 teaching credits for Renewal of Certification in the following way(s):

1.	Direct teaching of 3 new clients. (Include each on ATTACHMENT #1 Case List.)	3 credits	_____
2.	Direct teaching of 4-10 new clients. (Include each on Case List.)	1 client = 1 credit	_____

NOTE: If you have claimed all 10 credits by listing 10 new clients, proceed to Section V, page 6. Obtaining teaching credits through direct teaching of client/couples is the preferred means of meeting Standard 3.0. (Standard 3.2.1)

IV. TEACHING CREDITS: (Continued)

If additional credits are needed, choose from the following options: (Standard 3.2.2)

3. Formal outreach or professional presentations. 10 Hours = 1 Credit

	Type of Outreach or presentation	# of Hours	Dates
a.			
b.			
c.			
d.			
e.			
f.			

HOURS CREDITS

TOTAL (3) _____ _____

4. NFP Activities: 20 Hours = 1 Credit

HOURS CREDITS

a. NFP Administrative activities _____ _____

b. NFP Nursing related work (3 CR MAX) _____ _____

c. NFP Fund Raising activities (3 CR MAX) _____ _____

d. Research in NFP _____ _____

e. Academy approved Staff Conferences _____ _____

f. List similar NFP activity (Attach Documentation)

1) _____ _____ _____

2) _____ _____ _____

3) _____ _____ _____

TOTAL _____ _____

5. Attendance at an Annual Meeting of AAFCP (attach documentation). 1 Meeting = 2 Credits.

CREDITS _____

IV. **TEACHING CREDITS:** (Continued)

6. Review of audio/video tapes of AAFCP approved continuing education programs.
10 Contact Hours = 1 Credit.
(Four credits maximum.) (Attach Documentation)

	HOURS	CREDITS
TOTAL	_____	_____

7. Participation as an FCE or FCS in an Academy accredited Education Phase (EP).
1 EP = 1 Credit

Name of Education Program(s)	Dates of EP (s)	Your Responsibility

CREDITS
TOTAL (7) _____

8. Supervising Interns by FCE or FCS:

Name of Education Program	Dates of SP(s)

_____

CREDITS
TOTAL (8) _____

SUM TOTAL OF TEACHING CREDITS CLAIMED (1-8) _____

V. FIELD SERVICE - FORMAT: (Standards 10.0 - 14.0)

A. Do you utilize the specific teaching tools and format as prescribed by the Creighton Model Fertility*Care* education program?

Yes:_____ No:_____

B. Please complete the attached form relevant to your teaching tools format. (ATTACHMENT #2)

C. Please enclose a statement describing the way in which you maintain individualized instruction, privacy and confidentiality. ***Sign and date.*** (Standard 11.2.1)

D. The Commission on Certification may select a case from your Case List to be reviewed, in order to assess your individualized case management.

E. Is the teaching schedule maintained at appropriate intervals as recommended by Creighton Model?
(Standard 13.0)

Yes:_____ No:_____

F. For long term follow-up, do you document that you have at- tempted twice to schedule a follow-up appointment before considering the client inactive unless they indicate desire for no further follow-up? (Standard 14.2.1 - 14.2.2)

Yes:_____ No:_____

VI. FIELD SERVICE - DATA: (Standards 15.0 - 19.0)

A. Do you keep an annual tally of responses of the evaluations by clients of their teacher and follow-up sessions? (Standard 15.2.1)

Yes:_____ No:_____

B. Do you review on a follow-up by follow-up basis, satisfaction and confidence responses of new clients taught? (Standard 16.2.1)

Yes:_____ No:_____

C. Do you keep statistics for your service program, including the number of follow-ups, pregnancy evaluations, demographic data, client population, etc., as prescribed by Creighton Model? (Standard 17.0)(Attach copies of each.)

Yes:_____ No:_____

VII. REFERRALS: (Standard 18.0)

Do you maintain a list of the resources you utilize for all areas of referral? Please attach list.

Yes:_____ No:_____

VIII. CONTINUING EDUCATION: (Standard 19.0)

A. Please indicate continuing education programs attended or studies completed **WITHIN PAST TWO (2) YEARS**.

Indicate the number of times for each area that applies:

1. _____ Participation at staff conferences.

2. _____ Attendance at AAFCP annual meetings.

3. _____ Attendance at other Academy approved meetings.

4. _____ ***"The Medical and Surgical Practice of NaProTechnology"*** by Thomas W. Hilgers, MD. On a separate sheet, document the pages you read.

5. _____ Review of audio/video tapes from AAFCP approved continuing education programs. Minimum of 10 contact hours required for this choice. Attach documentation form (which can be found on our website) for each.

6. _____ Completion of other Academy approved continuing education programs of study.

CONTINUING EDUCATION PROGRAM	LENGTH OF TIME SPENT AT EVENT	DATE OF ATTENDANCE

B. Attach certificates or documentation of attendance.

APPLICANT'S SIGNATURE: _____

DATE: _____

NEXT STEPS

Please read very carefully to avoid delays in processing your application.

1. Pay the certification fee.
   Application processing fee of $53 can be made at www.aafcp.net under the tab "Certification".
   Please email a copy of your PayPal receipt to the Chairman at aafcp.coc.chairman@gmail.com.
   If you cannot use PayPal and must mail a check, please contact the Chairman at aafcp.coc.chairman@gmail.com for a mailing address.
2. Submit your application and ALL SUPPORTING ATTACHMENTS in one, single document or package. Electronic submission (email attachment) is strongly preferred. You may find our Electronic Submission Policy on the AAFCP website. Only applications in a single file as outlined in the policy will be accepted.
   Your application should be submitted to ONLY your Application Reviewer. You will find a list of Application Reviewers on the website. Find the one that handles applications coordinating with your last name and submit your application to that individual. If you cannot submit your application electronically, please email your Application Reviewer for a mailing address.
   Please keep a copy of your application and all attachments in your files.

Name and email of Application Reviewer_____

CERTIFICATION PROCESSING FEE ($53) IS NON-REFUNDABLE

ATTACHMENT #1

CASE LIST FOR CERTIFICATION

Please list your last 10 clients. Add comments below or an additional sheet for any case that needs additional information or clarification.

											Assessment of:___			Recommenda-tions:____			Review of:___		
Client ID Number*	Reproductive Category	Date of Intro. Session	# of FU	Date of Last FU	Advanced Case Mgmt. i.e. Yellow Stamps (specify)	Advanced Issues (specify)	Referrals Made Re: Problems Identified (Y/N)	Pregnancy (yes or no)	Pregnancy Classification	Documentation of Items Taught (Y/N)	1. Client's Knowledge (Y/N)	2.Client's Application of Knowledge (yes or no)	3.Client's Intention/Use (yes or no)	1.Instructions	2.Assignments (Y/N)	3.Schedulig of Future Appts. (Y/N)	1.Client chart w/assessment &corrections (yes or no)	2.Dicussion Points & Sexuality (Y/N)	Client Withdrawn (Y/N-reason)
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

ATTACHMENT #2

USE OF TEACHING TOOLS AND FORMAT (Standard 11.0)

For Creighton Model Teaching:

Rate your compliance, according to the scale below, for each item:

1	2	3	4	5
NEVER (0%)	RARELY (25%)	SOMETIMES (50%)	USUALLY (75%)	ALWAYS (100%)

1. _____ The Picture Dictionary of the Creighton Model FertilityCare System™ (1st and 2nd Follow-ups).
2. _____ The User Manual
3. _____ The Introductory Session
4. _____ The FertilityCare System chart
5. _____ The FertilityCare Follow-Up Form
6. _____ The Observational Routine
7. _____ The reproductive category specific cycle review and observational review.
8. _____ The pregnancy evaluation.
9. _____ Case management.
10. _____ Basic method instructions.
11. _____ Special method instructions.
12. _____ Basic issues.
13. _____ Advanced issues.
14. _____ General intake form.
15. _____ Basic charting.
16. _____ Basic chart reading and correcting.
17. _____ The teaching schedule.
18. _____ Basic principles of follow-up.
19. _____ Basic organization of the teaching program.

USE OF TEACHING TOOLS AND FORMAT (Continued)

20. _____ Individual follow-up.
21. _____ Pregnancy follow-ups.
22. _____ Introductory session evaluation form.
23. _____ Teacher evaluation form.
24. _____ Follow-up evaluation form.
25. _____ Follow-up on all protocols (yellow stamps, B6, vitamin C, Lactinex).
26. _____ Follow-up on case management of yellow stamps.
27. _____ Medical, psycho-social, spiritual problems and recommendations.
28. _____ Log book
29. _____ Long-term follow-up
30. _____ Information cards
31. _____ Intention:Use Assessment

Comment on each item on which your rating is less than a 5:

_____

_____

_____

_____

_____

_____

CHECK LIST FOR APPLICANT

HAVE YOU ENCLOSED WITH YOUR APPLICATION, THE FOLLOWING:

_____ Copy of certificate or certification letter. ATTACHMENT #1:

_____ Case List.

_____ ATTACHMENT #2: Use of Teaching Tools and Format. Certification

_____ Fee ($50). Or Paypal Receipt

_____ Statement and/or documentation of teaching credits.

_____ Continuing education documentation.

_____ Statement regarding privacy, confidentiality and individual instruction.

APPLICATION CAN BE PROCESSED ONLY AFTER RECEIPT OF ALL THE ABOVE ITEMS.

Mail or email application and $53.00 check payable to AAFCP or Paypal receipt to your Application Reviewer (see page 8 for instructions on obtaining the name of your Application Reviewer).

CERTIFICATION PROCESSING FEE ($53) IS NON-REFUNDABLE